



**STATE OF DELAWARE
COMMISSIONER OF ELECTIONS
WITHDRAWAL FORM**

I, _____, hereby withdraw as a candidate for
(Print or Type Name of Candidate)

Office: _____

I request my Candidate Campaign Finance Committee be inactivated. ☐ YES ☐ NO
(If zero balance)

(Signature of Candidate)

Sworn to and subscribed before me this

_____ Day of _____ 2 _____

Notary Public or Election Officer

-----For Office Use Only-----

Received by: _____ Date: _____